

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	27	10 / 02 / 2017	HEALTH CRAZE
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	11:45 PM	1:45 PM
Investigation			8/C	SANITARY PERMIT NO.	CCY, LLC.
Other:				170000748	LOCATION (Address)
ESTABLISHMENT TYPE				AREA	TELEPHONE
DRINK STAND				6	483-8210
				No. of Risk Factor/Intervention Violations	4
				No. of Repeat Risk Factor/Intervention Violations	0
				RISK CATEGORY	1

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness, policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A N/O Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	N/A N/O No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A N/O Hands clean and properly washed			6
7	IN	OUT	N/A N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible		X	6
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	N/A N/O Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	N/A N/O Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A Food separated and protected			6
14	IN	OUT	N/A Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A N/O Proper cooking time and temperatures			6
17	IN	OUT	N/A N/O Proper reheating procedures for hot holding			6
18	IN	OUT	N/A N/O Proper cooling time and temperatures			6
19	IN	OUT	N/A N/O Proper hot holding temperatures			6
20	IN	OUT	N/A Proper cold holding temperatures			6
21	IN	OUT	N/A N/O Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	IN	OUT	N/A Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37	X		Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42	X		Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54	X		Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Cecilia Yoshimoto Gaily Date: 10/2/17

DEH Inspector (Print and Sign) LEILANI NAVARRO, EPHO I

Follow-up (Circle one): YES NO Follow-up Date 10/12/17

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME <b>HEALTH CRAZE</b>		LOCATION (Address) <b>#226 CHALAN SAN ANTONIO, TAMUNING</b>
INSPECTION DATE <b>10 / 02 / 2017</b>	SANITARY PERMIT NO. <b>170000748</b>	PERMIT HOLDER <b>CCY, LLC.</b>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED TODAY IN RESPONSE TO COMPLAINT NO. 17-1148 REGARDING EMPLOYEES WORKING WITHOUT VALID HEALTH CERTIFICATES. THE COMPLAINT WAS OBSERVED DURING THIS INSPECTION. NO PREVIOUS INSPECTION WAS CONDUCTED. THE FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	
1	(PIC) PERSON-IN-CHARGE DID NOT DEMONSTRATE KNOWLEDGE OF FOOD SAFETY PRACTICES. PIC SHALL DEMONSTRATE KNOWLEDGE OF THE GUAM FOOD CODE TO ENSURE THAT FOOD SAFETY PRACTICES ARE BEING IMPLEMENTED.	10/12/17
2	NO EMPLOYEE HEALTH POLICY IN PLACE. EMPLOYEE HEALTH POLICY SHALL BE IN PLACE TO ENSURE TRAINING ON PROPER EXCLUSION/RESTRICTION OF SICK EMPLOYEES.	10/12/17
4	EMPLOYEE FOUND CHewing GUM WHILE WORKING. EATING WHILE WORKING SHALL BE PROHIBITED TO PREVENT CONTAMINATION OF FOOD/DRINK.	10/12/17
8	NO HOT WATER PROVIDED FOR HANDWASHING SINKS. CORRECTIVE ACTION: WATER HEATER WAS TURNED ON. HOT RUNNING WATER SHALL BE PROVIDED TO FACILITATE PROPER HANDWASHING.	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>Cecille Yoshimoto</b>	Date: <b>10/2/17</b>
DEH Inspector (Print and Sign) <b>LEILANI NAYARRO, ERTO I</b>	Date: <b>10/02/17</b>

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ESTABLISHMENT NAME <b>HEALTH CRAZE</b>		LOCATION (Address) <b># 226 CHALAN SAN ANTONIO, TAMUNING</b>	
INSPECTION DATE <b>10 / 02 / 2017</b>	SANITARY PERMIT NO. <b>170000748</b>	PERMIT HOLDER <b>COY, LLC.</b>	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

14	<p>EMPLOYEE SAID THEY CLEAN AND SANITIZE THEIR EQUIPMENT SUCH AS THE BLENDERS/PITCHERS AT 4PM (OPENING TIME IS 6AM).</p> <p>FOOD CONTACT SURFACES SHALL BE CLEANED AND SANITIZED AFTER EACH USE OR EVERY FOUR HOURS WHEN IN CONTINUOUS USE.</p>	10/12/17
37	<p>EMPLOYEE FOUND WORKING WITHOUT HAIR RESTRAINT AND WAS WEARING SLIP-PEERS.</p> <p>EMPLOYEES SHALL MAINTAIN GOOD PERSONAL HYGIENE AND WEAR HAIR RESTRAINTS AND APPROPRIATE ATTIRE TO PREVENT <del>FOOD</del> CONTAMINATION OF FOOD/DRINKS.</p>	11/01/17
42	<p>PLASTIC LIDS BEING STORED BELOW CHEMICALS NEXT TO THE MOP SINK.</p> <p>SINGLE-SERVICE ARTICLES SHALL BE STORED AWAY FROM CHEMICALS TO PREVENT CROSS-CONTAMINATION.</p>	11/01/17
45	<p>NO TEST STRIPS PROVIDED FOR HANDWASHING SANITIZER.</p> <p>TEST STRIPS SHALL BE PROVIDED TO ENSURE PROPER DILUTION OF SANITIZER.</p>	11/01/17
54	<p>EMPLOYEE (GLORY SIKOU, DOB: 10/31/94) WORKING WITHOUT A VALID HEALTH CERTIFICATE.</p> <p>HEALTH CERTIFICATES SHALL BE VALID TO PREVENT SPREAD OF DISEASE.</p> <p>PICTURES OF VIOLATIONS WERE TAKEN.</p> <p>ISSUED/POSTED NOTICE OF CLOSURE OF CLOSURE.</p> <p>ISSUED A COPY OF EMPLOYEE HEALTH POLICY, AND RE-INSPECTION REQUEST FORM.</p> <p>A \$ 100 RE-STATEMENT FEE SHALL BE PAID TO DPHSS AFTER A SUCCESSFUL FOLLOW-UP INSPECTION.</p>	11/01/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>Cecile Yoshimoto</b> <b>Cecile Yoshimoto</b>	Date: <b>10/2/17</b>
DEH Inspector (Print and Sign) <b>LELANI NAVARRO, EPHO I</b>	Date: <b>10/02/17</b>

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**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <i>Cecille Yoshimoto</i>	Date: 10/2/17
DEH Inspector (Print and Sign) <i>LEIYU NAVARRO, ERIC I</i>	Date: 10/02/17



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO  
GOVERNOR

JAMES W. GILLAN  
DIRECTOR

RAY TENORIO  
LIEUTENANT GOVERNOR

LEO G. CASIL  
DEPUTY DIRECTOR

Date: 10/02/2017

HEALTH CRAZE  
Name of Establishment

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE

27/c  
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si-Yu'us Ma'ase.

Sincerely,  
*James Gillan*  
JAMES GILLAN  
Director

Issued By:

L. NAVARRO

Name of EPHO

Received By:

*Cecil* *M. Hito*

Establishment Representative